PTO/58/06 (06-03) Approved for use through 7/31/2008, CM8 0651-0032
U.S. Pate and Tradement Office; U.S. DEPARTMENT OF COMMERCE

| | CLAIMS AS FILED - PART I | | | | | | | | OTHER THAI | |
|---|--|---------------------|--------------|------------------------|------------------|--------------|-----------------------|------------|-------------------|--|
| | (Column 1) | | | (Column 2) | | SMALL ENTITY | | OR | SMALL | . ENTIT |
| | FOR MUNISER FILED | | MAJMESE | RECTRA | RATE | FEE | | RATE | | |
| | IC FEE CFR 1,18(8)) | | | | · | | | OR. | 1 | _ ا |
| TOTAL CLAMAS D7 CFR 1.18(d) 5 minus 20 : | | | | | 11. | | OR. | x 8 | | |
| BIDEPENDENT CLAMS G7 CFR 1.18(b) 5 minus 3 | | | | | 111 | | OR | 75 | 1 | |
| _ | | | | | | | | 1 | | - |
| MUL | TIPLE DEPENDE | OT CLAIM PRESED | π 6 | 17 CFR 1.15(4) | | 1,2 | - | OR | <u> </u> | ╂ |
| . 4 6 | he ditterence in a | otumo 1 is less thi | tu salor eu | ter 'V' in column ' | 2. | TOTAL | L | OR | TOTAL | L |
| | CL | AIMS AS AM | ENDED | - PART II | | | | | | |
| | | | | 10 .4 1 | (0.4 4) | | | OR | OTHE | |
| _ | | (I nms4cO) | | (Column 2) | (Codumn 3) | SMALL | ENTITY | 1 | SMALL | ENTIT |
| ۲ | | REMAINING AFTER | | NUMBER PREVIOUSLY | PRESENT EXTRA | RATE | AODI- TIONAL | | RATE | AC TIO |
| Z | | AMENDMENT | | PAIDFOR | | <u> </u> | FEE | | <u> </u> | ·F |
| DM | Total (37 CFR 1,18(13) | · 21_ | Minus | 25 | • | x 3 | | OR | × 3 | <u> </u> |
| 꿃 | Independent. pr crn 1,40-8 | 10 | Minus' | 6 | 3 | x 4 0 | | OR | x | · |
| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAME (\$7 CFR 1.16(d)) | | | | | +, | | OR | A1 1 | |
| | | | | | بتب | TOTAL | : | OR. | TOTAL | |
| | ٠. | | | | | ADDR FEE | | J | ADD'L FEE | Щ. |
| | | (Cotumn 1) CLASS | - | (Column 2) | (Cotumn 3) | | , | ì . | | · T |
| œ, | 3/1 | REMAINING | | NUMBER PREVIOUSLY | PRESENT EXTRA | RATE | ADDI- TIONAL | ! | RATE | ÄŽ. |
| Z | B106 | AFTER AMENDMENT | | PAID FOR | <u> </u> | | FEE | | <u> </u> | 7.5 |
| NO. | Total (3) (1) (1) (2) | 30 | Minus | 35 | '_ | X 5 • | $\Lambda \mathcal{L}$ | OR | x 3 | \Box |
| EN | topepandent (pr cha Liaps) | 6 | Mirus | 6 | •X_] | 15 | IV | OR | x \$= | L_' |
| S. | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.19(d)) | | | | | + . | | OR | + | |
| | , | | | | | TOTAL | 1 \ | OR | TOTAL ADDL FEE | 1/ |
| | 1215 |) | | | | ADD'L FEE | / | OR | AUDL PEE | <u>y</u> |
| <u> </u> | (3/1/) | O(Cotuma 1) | | (Column ?) | (Column 3) | (· | | 3 | | _ |
| 9 | / | CLAIMS REMARKING | | NUMBER | PRESENT EXTRA | RATE | ADDI- | | RATE | AC TIO |
| ENT | | AFTER AMENDMENT | | PREVIOUSLY PAID FOR | | | FEE | | | 176 |
| DME | Total (27 GFR 1,144/2) | 20 | Minus | 25 | [.//] | 1.5 | | OR. | x 5 | |
| · Z | tratependers *: p3 of4 1.19pg | - | Minus | 1. | | | | OR | | |
| Ā | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM : (37 CFR 1.194) | | | | | 4. | | OR . | | K |
| | PHOT PRESENT | ALIGN OF BULLIPE | | | | TOTAL | 1 | | TOTAL' | |
| | | | | | : | ADD'L FEE | 1 . | √QR | ADD'L FEE | 1 . |

"It the "Highest Number Previously Paid For" (Total or Independent) is the highest number found jn the appropriate box in column 1.

The dispest Number Previously Paid For" (Total or Independent) is the highest number found jn the appropriate box in column 1.

The dispests in the information is required by 37 CFR 1.18. The information is required to obtain or incident a benefit by the public which is to the (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This objection is estimated to take 12 minutes to complete, including galanting, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commences on the amount of time you require to complete this form analysis suggestions for reducing this burden, should be sent to the Crief Information Officer, U.S. Paters and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SERD TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.